

EXHIBIT A

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

IN RE: ASBESTOS PRODUCTS LIABILITY
LITIGATION (NO. VI)

Civil Action No. MDL 875

SOUJA et al v. INC. OWENS-ILLINOIS et al

PA-ED No. 09-CV-60256

Trans from WI-W Case No. 99-0475

Plaintiff's First Response to Standard Interrogatories

The answers to these interrogatories are provided by plaintiff Gary Suoja, the Son of Oswald F. Suoja, individually and on behalf of his estate. These answers are provided pursuant to a confidentiality order for settlement and mediation purposes

1. State your (a) full name, (b) your present address, (c) date and place of birth, (d) Social Security number and (e) military serial number, if any.

ANSWER:

- (a) Oswald F. Suoja, Deceased
- (b) [REDACTED] Mercer Island, WA. 98040
- (c) [REDACTED] 1923, Automba, MN
- (d) [REDACTED] 3647
- (e) None

2. State the (a) name and (b) date of marriage of each spouse or former spouse and (c) list names, current addresses, ages and occupations of all children whether adopted or natural, and (d) the names, current addresses and occupations of all persons dependent upon your support, or receiving monetary support from you, within the last five years.

ANSWER:

- (a) Delores Agnes Suoja (nee Dalbec)
- (b) [REDACTED] 1943
- (c) Donald B. Suoja - [REDACTED] Superior, WI 54880 - retired police officer
Susan M. Merwin - [REDACTED] Loves Park, IL 61111 - retired court clerk
Kimberly Suoja - [REDACTED] Madison, WI 53718 - Nurse Aide
Gary Suoja - [REDACTED] Mercen Island, WA 98040 - Attorney
- (d) The investigation continues.

3. State the specific nature of the personal injuries and/or disease which you allege to have sustained as a result of the exposure complained of.

ANSWER: Asbestos related disease as set forth in medical records on deposit at IKON in Chicago. The conditions include without limitation Mesothelioma.

4. State the date on which you first suspected that the injuries and/or disease described in interrogatory 3 was in any way related to being exposed to asbestos and state the reasons for your suspicions.

ANSWER: The diagnosis was made on 11/11/1996 based on medical records that was later communicated to the victim.

5. State the date on which the injuries and/or disease described in Interrogatory 3 were first diagnosed and communicated to you and state further the name and address of the physician, specialist, clinic, hospital, sanitarium or similar institution which first diagnosed said injuries and/or disease. State the manner in which the diagnosis was communicated to you, whether it was written or oral, and if written please attach a copy of that communication to your answers to these interrogatories.

ANSWER: See answers to #3 and #4 above. The following are documents related to the diagnosis of asbestos related disease which are on deposit at IKON:
Pathology Date: 11/13/1996 Doctor: No PFT
Causation to the Pathology letter Date: 4/17/1999 Doctor: Alvin J. Schonfeld
Death Certificate Date: 12/29/1996 Certifier: Betty Smith

6. State the names and current or last known addresses of all physicians, specialists, clinics, hospitals and sanitariums which examined you or rendered service or treatment to you for the injuries and/or disease you allege to have sustained as the result of the exposure complained of, and state further the date or inclusive dates on which each of them rendered you service or treatment and the amounts of their respective bills.

ANSWER: See answer to Interrogatory #5.

7. After being informed that you were suffering from an injury and/or disease caused by asbestos, did you continue to engage in any activity or occupation in which you encountered subsequent exposure to asbestos, and if so state the nature and description of such activity or occupation, and further state whether your continued participation in such

activity or occupation was contrary to medical or professional advice, stating the date on which such advice was given and the identity if the person or entity giving such advice.

ANSWER: No

8. State the name and current or last known address of all physicians, clinics, or hospitals (not listed in interrogatory #6) which have examined you or provided care and treatment within the past ten years and the periods or dates of such.

ANSWER: Medical providers and known dates include:
Unknown at this time.

9. State the name and current or last known address of any physician, hospital, clinic, sanitarium, or other medical personnel (not listed in interrogatory #6) who has ever treated you for pulmonary, cardiovascular, or gastro-intestinal complaints.

ANSWER: Medical providers who may have treated these conditions are listed in #8 above.

10. From which of the above medical personnel and/or institutions do you or your attorney have written reports?

ANSWER: See #5. Unknown other than records on deposit at IKON.

11. Has any immediate blood relative (parents, siblings, children) been diagnosed with a malignant (cancer) condition? If so state who, the nature of the disease, and the age at which it was diagnosed.

ANSWER: Kimberly Suoja - breast cancer

12. State any and all other damages not stated in answers to the above interrogatories which you are claiming as a result of the injuries and/or diseases alleged in the complaint.

ANSWER: Mental anguish, emotional distress, pain & suffering, shortness of breath, diminished enjoyment of life, loss of society and companionship, medical bills. The extent of out of pocket losses and other damage amounts have not been calculated at this time. Further Plaintiff seeks, whatever damages allowable by law.

13. State whether you have filed any worker's compensation action and, if so, state the date of filing, the name and number of the cause, the respondent, the name and address of the

company insuring the respondent, the claim and policy number, the reason for filing the claim or petition, and the disposition of any such claim.

ANSWER: Workers compensation unknown

14. State whether you have ever filed a lawsuit for personal injury or a claim for social security disability benefits, and if so, state the title, the court or claim number, and the reason for each lawsuit or claim, and the disposition of each lawsuit or claim.

ANSWER: None.

15. State the inclusive dates, if any, during which you were a smoker of tobacco and state further the types of tobacco smoked and the amount consumed daily, and whether you customarily inhaled.

ANSWER: Non-smoker

16. Identify in chronological order every employer for whom you have ever worked in the last 40 years. State separately for each such employer:
- (a) the employer's name and address;
 - (b) the nature of the employer's business;
 - (c) the nature and ending dates of your employment including all periods of employment for that employer;
 - (d) your position and responsibilities;
 - (e) your rate of pay.

ANSWER:

- (a-c) See attached Exhibit "A". Exhibit "A" identifies known work sites and periods during which the victim was present at the sites involving potential asbestos exposure, and cumulative amount of time at site if known. If known, employers, coworkers, and superiors or foremen are listed to correspond to sites.
 - (d) Positions and responsibilities are listed based upon trade or occupation. Additional information might be found in #19 below.
 - (e) Rate of pay is not relevant because lost wages are not being claimed
17. For each of the employers identified in Interrogatory No. 16, identify each and every job site at which you claim to have worked with or around asbestos-containing products.

ANSWER: The work history attached as Exhibit "A" includes known job sites, employers, coworkers, and foreman where asbestos exposure is being claimed.

18. For each of the job sites identified in Interrogatory No. 17, state the following:

- (a) the location of the job;
- (b) the length of time you worked at that job;
- (c) your superior or foreman living on that job and his last known address;
- (d) your co-workers on that job, including the persons who worked with you or at the same job site, and their current or last known addresses. Identify any represented by counsel in asbestos claims.

ANSWER: See answer to #16.

19. For each of the job sites identified in Interrogatory No. 17, state the following:

- (a) the types of asbestos-containing products for which exposure is claimed;
- (b) the brand name or trade name of the asbestos-containing products for which exposure is claimed;
- (c) the manufacturers, suppliers and distributors of each asbestos-containing product for which exposure is claimed;
- (d) the number of times that plaintiff claims to have been exposed to each product.

ANSWER: Mr. Suoja claims exposure to, without limitation, the following types of asbestos-containing products: insulation.

- (d) Brand names or trade names of asbestos-containing products Mr. Asp claims exposure to include, without limitation, Kaylo.
- (e) The manufacturers, suppliers and distributors of asbestos-containing products Mr. Asp claims exposure to include, without limitation, Owens Illinois.
- (f) Unknown at this time.

20. For each product identified in Interrogatory No. 19, identify the following:

- (a) your coworkers, including persons who worked with you or at the same job site, with knowledge that the product was on the particular job site;
- (b) your coworkers, including persons who worked with you or at the same job site, with knowledge that you actually worked with the particular product.

ANSWER:

- Job site coworkers identified by the victim include but are not limited to the coworkers named in attached Exhibit "A".
- Additional witnesses identified by investigation of counsel are listed in the job site memoranda that have been or may be deposited at IKON.

21. For each of the jobs sites identified in Interrogatory No. 17, identify the following:

- (a) the name and address of any companies, other than your employer, working with asbestos-containing materials at that job site;

(b) all trades from which workers were present at that job site.

ANSWER: See answer to interrogatory 19 and 20. These can include insulators, steamfitters, pipefitters, plumbers, operating engineers, maintenance workers, carpenters, electricians, laborers , and millwrights.

22. List any protective or safety devices used or worn by you in the handling of products allegedly manufactured by the defendants and state further the dates used, the job sites where used, the nature of the device, the manufacturer or supplier of the device, and how you used each device in your trade or profession.

ANSWER: Unknown at this time..

23. State whether you were ever a member of any union and, if so, for each union please state:

- (a) the name and local number of the union;
- (b) the union hall from which you worked;
- (c) the date you joined the union;
- (d) your sponsor in the union;
- (e) if you ever ran for or held office in the union;
- (f) if you ever filed a grievance with any union.

ANSWER: (a) Asbestos Workers 19
(b) Milwaukee
(c-f) Unknown at this time

24. Did your labor union or employer advise you to follow certain safety procedures designed to protect you from contracting asbestos related diseases and, if so, state which unions or employers rendered such advice, the nature of such advice, the dates on which such advice was given, and describe any written information or literature discussing asbestos related diseases which was provided you by any such union or employer.

ANSWER: Never advised.

25. State the names and current or last known addresses of all persons who ever told you or whom you ever heard state that asbestos fibers or asbestos products could be hazardous to your health.

ANSWER: Unknown at this time.

26. State the name, address, telephone number and professional background of each and every person who may be called by the plaintiff to testify to establish a causal relationship

between the injuries alleged and the defendants' products. State the facts and opinions to which each will testify and identify the documents on which each relies.

ANSWER: No expert witnesses have been identified at this time.

27. State the name, address, telephone number and professional background of each and every person who may be called by the plaintiff to testify to establish that the defendants' products were defective or unreasonably dangerous. State the facts and opinions to which each will testify and identify the documents on which each relies.

ANSWER: No expert witnesses have been identified at this time.

28. With regard to individuals, if any, named in the previous three interrogatories, state whether or not said individuals have rendered a written report of any kind to the plaintiffs or their attorneys and, if so, state the subject matter contained in said report, the substance of fact and opinions to which the expert is expected to testify, if called, and state a summary of the grounds for each opinion.

ANSWER: No expert witnesses have been identified at this time.

29. State whether you or your attorneys or agents know of the existence of any statements, signed or unsigned, oral, written, or court reported, from or by any person including any person hereto, which has or claims to have knowledge concerning the matter alleged in the complaint, or who was or claims to have been a witness to any part of the exposure alleged by you. If so, please state:

- (a) whether the statement was written, oral, recorded, reported, reported by shorthand, or otherwise preserved;
- (b) the full name of the current or last known address of the person or persons, or entity, which took the statements and the date such statement was made;
- (c) the full name and current or last known address of each person, firm, or entity which has possession of the statement or copies thereof.

ANSWER: See answers to 16, 17, 18, 19, 20, and 21 to these interrogatories and interrogatory answers of co-workers. In addition, see any job site summaries that are or will be deposited with IKON.

30. State the name and current or last known address of each and every person who was interviewed by or on behalf of you, your attorneys or agents with respect to the allegations contained in the complaint, stating for each person:

- (a) the name and current or last known address of the person interviewed, the full name and address of the person's employer at the time of the interview, and the name and current or last known address of the interviewer, as well as the dates of all interviews;

- (b) whether any notes, records, jottings, memoranda, tape recordings, or statements were ever made of any interviews with that person, and if so, the name and current or last known address of each and every person in custody or control of same.

ANSWER: See answers to 19, 20, and 29 to these interrogatories and interrogatory answers of co-workers. In addition, see any job site summaries that are or will be deposited at IKON.

31. List or describe each and every object or document, such as directories, catalogs, shipping slips, W-2 forms, tax records, diaries, calendars, invoices, packing slips, materials, publications or lists from whatever source which you used, or your attorneys or agents used, in compiling the names of the defendants in this cause.

ANSWER: See work site memoranda and testimony listed in answers 20 and 29 above for documents used by plaintiff's attorneys. Defendants were compiled by plaintiff's attorneys and plaintiff.

32. Do you have any of the following which serve as the basis of this claim in your possession, or in the possession of your attorneys or agents?

- (a) samples of asbestos materials;
- (b) packaging from asbestos materials;
- (c) photographs of your places of employment or products used at your places of employment.
- (d) photographs of asbestos products or asbestos packaging which are the basis of this claim.

ANSWER: (a) No
(b) No
(c) None to date.
(d) My attorneys have photos of asbestos products which have been received in other asbestos cases. These will be made available upon request.

33. If, as the result of the alleged illness or illnesses, injury or injuries you claim to have sustained a loss of wages, earnings, income, or profit, state:

- (a) all dates on which you were unable to work due to the illness of illnesses, injury or injuries;
- (b) the name and address of your employer at the time you learned of the illness, injury or disease of which you complain;
- (c) the name and address of each person who recommended that you did not work during such period;
- (d) the name of any potential employer who refused you work because of any illness or illnesses, injury or injuries allegedly sustained as a result of the exposure;

- (e) the date or inclusive dates on which you sought work but were unable to work for reasons not related to the illnesses or injuries allegedly sustained as a result of the exposure complained of.

ANSWER: (a) Rate of pay is not relevant because lost wages are not being claimed
(b) Rate of pay is not relevant because lost wages are not being claimed
(c) Rate of pay is not relevant because lost wages are not being claimed
(d) Rate of pay is not relevant because lost wages are not being claimed
(e) Rate of pay is not relevant because lost wages are not being claimed

34. If loss of wages, earnings, income, or profit is claimed, state:

- (a) the total amount of claimed loss and the manner or method of computing same;
- (b) provide a complete, itemized computation of such claimed loss;
- (c) the nature and potential source of the lost wages, earnings, income or profit, and the date of the claimed deprivation thereof.

ANSWER: See response to Interrogatory 33.

35. State and list all monetary expenses, other than the physician and hospital bills, and any and all other items of damages, which you claim to be a result of the illnesses or injuries you allegedly sustained as a result of the exposure complained of.

ANSWER: The extent of out of pocket losses and other damage amounts have not been calculated at this time.

36. Identify any claims submitted to bankruptcy trusts or otherwise for the person claiming asbestos exposure in this matter. State which are submitted for a condition diagnosed before the condition which is the subject of the instant case.

ANSWER: Based upon investigation of plaintiff's attorneys: A list of claims submitted and paid by each bankruptcy trust and the total amount paid on all bankruptcy claims is provided in the folder for each client on deposit at IKON which is called "AO12, Additional Materials, and Settlement Report."

Exhibit "A"

Last: Suoja

First: Oswald

Site Location	City	St	First Year	Last Year	Length of Time	Kind of Work	Coworkers	Superior Foreman	Employer
Quaker Oats	Rockford	IL	1953	1984		Asbestos Worker			
Borg Warner	Ottawa	IL	1953	1984		Asbestos Worker			
White Sundstrand	Belvedere	IL	1953	1984		Asbestos Worker			
Barber Colman	Rockford	IL	1953	1984		Asbestos Worker			
Greenlee Tool	Rockford	IL	1953	1984		Asbestos Worker			
Warner Lambert	Rockford	IL	1953	1984		Asbestos Worker			
Joliet Generating Station	Joliet	IL	1953	1984		Asbestos Worker			
Rockford Memorial Hospital	Rockford	IL	1953	1984		Asbestos Worker			
Kelsey-Hayes-Gunite Division	Rockford	IL	1953	1984		Asbestos Worker			
Truck Components Gunite	Rockford	IL	1953	1984		Asbestos Worker			
Del Monte Corp	Rochelle	IL	1943	1984		Asbestos Worker			
Dean Foods Company	Harvard	IL	1953	1984		Asbestos Worker			
Dean Foods Company	Pecatonica	IL	1953	1984		Asbestos Worker			

Exhibit "A"

Last: Suoja

First: Oswald

Site Location	City	St	First Year	Last Year	Length of Time	Kind of Work	Coworkers	Superior Foreman	Employer
Rochelle Company Generating Company	Rochelle	IL	1953	1984		Asbestos Worker			
Litton/ Gardner Machine Shop	South Beloit	IL	1953	1984		Asbestos Worker			
Sundstrand	Rockford	IL	1970s	1970s		Asbestos Worker			
Rockford Drop Forge	Rockford	IL	1953	1984		Asbestos Worker			
Tanners Creek Power Station	Lawrence burg	IN	1951	1952		Asbestos Worker			
Badger Ordnance Works	Baraboo	WI	1954	1956		Asbestos Worker			
Milwaukee House Of Correction	Milwaukee	WI	1952	1954		Asbestos Worker			